T Eyton

Mereside Residential Home for people with learning disabilities

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 5 January 2015. It was an unannounced inspection.

Mereside Residential Home provides residential care to people who have a learning disability. It is registered to provide care for 15 people. The home has three floors and these floors are currently only accessible by stairs. The provider is in the process of installing a lift within the

Summary of findings

home which will make it easier for people to access all parts of the home as their mobility needs change. At the time of our inspection there were 15 people living at Mereside Residential Home.

Mereside Residential Home has a registered manager in post. A registered manager is a person who has registered with us to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People who live at the home and staff told us people were safe. There were systems and processes in place to protect people from the risk of harm. These included thorough staff recruitment, staff training and systems for protecting people against risks of abuse.

People told us staff were respectful towards them and staff were caring and supportive to people throughout our visit.

People told us there were enough suitably trained staff to meet their individual care needs. We saw staff spent time with people and provided assistance to people who needed it. Staff were available to support people to go on trips or visits within the local and wider community.

Staff understood they needed to respect people's choice and decisions if they had the capacity to do so. Assessments had been made and reviewed about people's individual capacity to make certain care decisions. Where people did not have capacity, decisions were taken in 'their best interest' with the involvement of family members where appropriate and relevant health care professionals. This meant the provider was adhering to the Mental Capacity Act 2005.

The provider was meeting their requirements set out in the Deprivation of Liberty Safeguards (DoLS). At the time of this inspection, no applications had been authorised under DoLS for people's freedoms and liberties to be restricted. The registered manager was aware of the impact of a court judgement on the implementation of DoLS and was in the process of making applications to the appropriate bodies to make sure people continued to receive the appropriate levels of support.

People's health and social care needs had been appropriately assessed. Care plans provided detailed information for staff to help them provide the individual care people required. Identified risks associated with people's care had been assessed and plans were in place to minimise the potential risks to people.

There was a procedure in place for managing medicines safely.

There were effective systems in place to monitor and improve the quality of service through feedback from people who used the service, staff meetings and a programme of audits and checks.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was mainly safe.

There were systems and processes in place to identify and minimise risks related to the care people received. These included procedures to ensure there were suitable and sufficient staff through strict staff recruitment, systems that protected people from risk of abuse and procedures to ensure people received their medicines as prescribed.

Good

Is the service effective?
The service was effective.

There were systems in place to make sure people, family members and other professionals were involved in supporting people's care decisions. Where people did not have capacity to make certain decisions, the provider operated in line with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). People were provided with a choice of meals and drinks that met their dietary needs. People were referred to appropriate health care professionals to ensure their health needs were maintained.

Good

Is the service caring?
The service was caring.

People were treated as individuals. Staff understood people's preferences and knew how people wanted to spend their time. People were supported with kindness, respect and dignity. Staff were patient and attentive to people's needs.

Good

Is the service responsive?
The service was responsive.

People told us they were happy with their care and had no complaints about the service they received. There were systems in place to make sure changes in people's care needs were managed and responded to, including regular care plan reviews with people's involvement. Staff were aware of people's individual health needs and supported people appropriately.

Good

Is the service well-led?
The service was well led.

Systems were in place that supported and encouraged people to share their views of the service they received. The registered manager used this feedback to support continuous improvements. Staff told us they felt supported by the managers and were able to raise any concerns they had.

Good

Mereside Residential Home for people with learning disabilities

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and Regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 January 2015 and was unannounced. The inspection team consisted of one inspector.

We reviewed all the information we held about the home such as statutory notifications, (the provider has a legal responsibility to send us a statutory notification for changes, events or incidents that happen at this service), safeguarding referrals, complaints, information from the public and whistle blowing enquires. We spoke with the local authority who confirmed they had no information of concern regarding this service.

We spent time observing care in the lounge and communal areas to help us understand the experience of people who used the service.

We spoke with three people who lived at Mereside Residential Home. We also spoke with four staff, the registered manager who was also the provider and two deputy managers.

We looked at two people's care records and other records related to people's care including quality assurance audits, complaints and incident and accident records.

Good

Is the service safe?

Our findings

We asked people who lived at the home if they felt safe. One person told us, "Yes, I feel safe here. I can lock my door if I want to because I have my own key." Another person we spoke with said, "I feel safe. I have a keyworker who looks after me and it's great."

We asked staff how they made sure people who lived at the home were safe and protected. One staff member told us, "I would look for signs of abuse." This staff member also told us they would, "Ask people how they [person] were feeling." Staff we spoke with said they would recognise changes in people's emotional behaviour if things were not right. Staff understood the different kinds of abuse and knew how and where to make a referral. Staff knew what action they would take if they suspected abuse had happened within the home. Staff were aware of, and had access to, the provider's safeguarding policies and they had received safeguarding training. The registered manager and deputy managers were aware of the safeguarding procedures and knew what action to take and how to make referrals in the event of any allegations being received.

The provider had plans in place for an unexpected emergency. This provided staff with the action to take if the delivery of care was affected or people were put at risk. For example, in the event of a fire or damage to the building. Staff told us they knew what action to take in such an emergency situation that made sure people's safety was maintained.

Staff knew how to manage risks associated with people's care. Records and staff knowledge demonstrated the provider had identified individual risks to people and put actions in place to reduce the risks. For example, one person had returned from hospital who was very agitated and at an increased risk of falling because of changes in their medication. All of the staff spoken with knew about these changes and what they needed to do, to keep this person safe. We saw care records had been reviewed and provided up to date information for staff as to how to ensure this person was kept safe.

Records showed incidents and accidents had been recorded and where appropriate, people had received the support they needed. The system in place had recently been improved so any trends or patterns that emerged could be responded to. The registered manager told us they would improve and adapt this system to make sure people were not placed at additional risks.

We spoke with staff about the recruitment process to see if the required checks had been carried out before they worked in the home. Staff spoken with told us they had to wait until their police check and reference checks were completed before they could start work.

People told us there were enough staff to meet their needs. All of the people we spoke with told us they received the help they needed, when they needed it. One person we spoke with said, "Staff help shower me every day, the staff look after me very well here."

Staff told us they could meet people's individual needs. One staff member said, "There is a lot of staff, no one goes without. We have enough staff to cope." One staff member said, "There is always five of us, so we can do jobs like cleaning, laundry and food without affecting the care people receive."

The registered manager and deputy managers told us they had flexibility in staffing levels to increase staff numbers when required. For example, if people needed to be supported on day trips or when people had to attend appointments. The registered manager and staff told us they also operated an on call duty rota if staff required assistance or had issues that may impact on people who use the service. One deputy manager told us, "I was called out to the hospital over the weekend. I stayed there and relieved the other member of staff."

Systems were in place to make sure people received their medicines safely. People told us care staff supported them to take their prescribed medicines when required. One person said, "I always get my medicines, every day." One person self-medicated and regular checks were in place that made sure this person took their medicines safely and as prescribed. Medicines were stored at the correct temperatures and were disposed of safely and appropriately at the end of each medicines cycle.

Medicine administration records (MAR) sheets confirmed each medicine had been administered and signed for at the appropriate time. We checked four people's medicines and found quantities of boxed medicines did not always match the stocks of available medicines. The deputy manager told us they were confident people had received

Good

Is the service safe?

their medicines and this was supported by the people we spoke with. The deputy manager agreed to complete an audit to make sure people's medicines had been given as prescribed, and to reduce the potential of errors being carried over to the next medicines cycle. Staff who administered medicines told us they had completed training and understood the procedures for safe storage, administration and handling of medicines.

Good

Is the service effective?

Our findings

People told us the service they received was good and they received care and support from staff when needed. One person told us the staff were, "Very helpful and friendly and I would give them 10 out of 10."

Staffing levels and consistency of staff meant staff knew what people wanted to do on a day to day basis and what support people required. The registered manager said, "We have a low staff turnover which helped provide people with stability and routine which is essential to supporting people with learning disabilities." The registered manager said people's health and well being had improved because people had continuity of care. The registered manager gave us one example where a person who used the service had not talked since they moved to the home. The registered manager said, "The persistence of staff working with this person, had seen this person begin to talk."

We saw staff had a good understanding of the needs of each person and had the skills and knowledge to support people effectively. For example, we observed staff supporting a person who had recently returned from hospital. Staff provided 24 hours support since they returned to the home. Staff provided constant reassurance and supported this person to reduce any anxieties they had because of their medical condition. Staff also explained to others living in the home why this person needed extra support. One person said, "[Person's name] is not very well and we need to be quiet and look after them."

Staff engaged people in conversations that made people feel relaxed and involved. The atmosphere within the home was calm and relaxed and we saw people laughed and chatted to staff and each other.

Staff we spoke with told us they felt confident and suitably trained to support people effectively. Staff told us they completed an induction when they started at the home and they completed all their training during their induction period. One staff member said, "Before I started I met the residents [people] a few times. This was so they could get to know me." Staff told us they had regular supervision and appraisal meetings about their individual performance, and they felt supported by their colleagues and managers.

Staff told us how they gained consent from people they provided care to. For example, one staff member said: "It's about people giving you the right to do something. If you don't get consent, you can't do it." Other staff spoken with explained how they sought consent and how they sought people's agreement, if they could not understand. The responses staff provided showed us staff recognised the importance of ensuring people agreed to care before they carried it out.

We found staff had a good understanding and knowledge of the key requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff put this knowledge into practice on a regular basis and ensured people's human and legal rights were respected. The registered manager understood the requirements of the Mental Capacity Act and made sure people who lacked mental capacity to make certain decisions, were protected.

No applications had been submitted to the 'Supervisory Body' to deprive anyone of their liberty. The provider understood the requirements of the Deprivation of Liberty Safeguards (DoLS). The registered manager had systems in place to follow the requirements when DoLS were required. The provider had properly trained and prepared their staff in understanding the requirements of the Mental Capacity Act. The registered manager had spoken with the local authority and plans were in place to review every person's needs to make sure people's freedoms were effectively supported and protected.

People told us they enjoyed the food and drinks and were given a choice of what they wanted on a daily basis. We saw people were provided with their choices and they ate their meals where they wanted. Staff told us if people did not want the choices on the menu, alternatives would be provided.

Records showed people had received care and treatment from health care professionals such as psychiatrists, physiotherapists, GP and occupational therapists. Appropriate referrals had been made and these were made in a timely way to make sure people received the necessary support to manage their health and well being.

Good

Is the service caring?

Our findings

People told us they thought staff were caring and kind. One person told us, "They [staff] shower me every day and they [staff] look after me when I go outside."

We saw people were able to spend time how they wanted. Some people chose to listen to music on their own in the communal lounge. We spoke with this person who said, "I like listening to music in here on my own." Other people were supported to work in the wider community. One person we spoke with said, "I have been to work today. I work at a farm and I like the animals." During our visit other people were taken out for a drive in the mini bus.

We saw people were laughing and looked happy. Staff spent time with people, discussing day to day things such as the weather, what people wanted to do and what they wanted to eat. Staff were also talking openly with people about the activities they had enjoyed that day and what their plans were later in the week. Staff told us they set people individual goals, with their permission and agreement, to maintain people's levels of independence. One staff member said, "We have regular meetings and discuss what people want to do."

Staff were polite and respectful when they talked with people. People we spoke with said staff treated them with respect. People also told us they were able to do most things for themselves and staff helped them only when they needed it. For example, some people needed help or prompting with personal care. Staff understood and gave us examples that showed how they protected people's privacy and dignity. One staff member said, "We always let each other [staff] know where we are because if you are helping people, it's always behind closed doors."

Staff told us they cared for people in a way they preferred. One staff member said, "They [people] almost receive one to one support, we tend to their needs and we understand them. We make sure they are involved and we look after them." All of the care plans we looked at showed people had been involved and had agreed to the levels of care and support they required. Each care plan contained in relation to the individual's background, needs, likes, dislikes and preferences. These records also contained people's personal goals and objectives and how they wanted to spend their time. All of the staff were able to demonstrate a good knowledge of people's individual choices.

People were encouraged to maintain their independence and get involved in household tasks. Staff told us one person enjoyed taking out the dishes, and washing up. We saw this person complete these tasks during our visit.

People were involved in regular meetings to discuss their care. We spoke with one person who did not want to participate. They said, "I am not involved in my care decisions, but that's fine with me as I am not bothered." This person told us they had a key worker that looked after them and they were happy with the care they received.

People were able to participate in regular meetings to discuss any concerns they had. Staff told us this gave people an opportunity to discuss anything such as hobbies, interests or how they wanted to spend their time.

Good

Is the service responsive?

Our findings

People told us they received care, support and treatment when they required it. People said staff listened to them and responded to their needs. For example, we saw a person wanted to listen to the music in the communal lounge. We heard staff chatting with this person about what music they liked. This person chose the music and told us, “I love music, pop music is my favourite.”

People were actively encouraged and supported with their hobbies, interests, personal goals and ambitions. We spoke with one person and asked what hobbies they enjoyed. This person told us they go out most days and they had a job in the local area. Other people we spoke with visited their family members. During our visit people went out locally in the mini bus for a drive. People told us they enjoyed these trips. People’s ambitions were recorded in people’s activity planners’ which documented what support people needed to achieve those goals.

We looked at two care plans and found they contained detailed information that enabled staff to meet people’s needs. Care plans contained life histories, personal preferences and focussed on individual needs, with appropriate risk assessments and detailed guidance for staff so people could be supported appropriately. For example we looked at a care plan for a person who was supported by psychologists. The care records contained appropriate information for staff, such as how to provide specific care for day and night time routines. Records also contained charts for staff to complete that identified potential triggers when certain behaviours were presented and what support could be offered to keep people safe. Staff spoken with told us they recognised certain signs when this person became agitated. Staff were confident they could manage this person by observing them closely until their anxieties reduced.

Staff responded quickly when people’s needs had changed. For example, one person had recently returned from hospital and was at increased risk of falls. The provider arranged for this person to sleep in a room on the ground floor on the day they returned and the staffing levels were reviewed to ensure this person received one to one support. Staff were made aware of this change at handover meetings so were given the information they needed to know to provide appropriate support. Staff showed concern, reassured this person and others living in the home that these changes were important to monitor the person’s health and well being. When changes occurred, care plans were reviewed and changed.

Records showed the provider had not received any formal complaints in the last 12 months. People we spoke with told us the managers were approachable and if they had any concerns, they would speak with the managers or their key worker. The registered manager told us they held regular group meetings, one to one meetings and had an open door policy so people were given opportunities to raises any issues. A deputy manager said, “People will let you know if they are not happy. If there is anything, it’s resolved before it becomes an issue.”

Good

Is the service well-led?

Our findings

People living in the home told us they found the management team and staff approachable and understanding when issues had been raised. For example, one person told us, "I like everyone, they are nice and they look after me."

The registered manager told us their goals and objectives were to make Mereside Residential a, "Friendly, relaxed home for people to live in." People we spoke with told us they were very happy living at the home. The registered manager told us they supported staff by investing in training that enabled staff to support the people they looked after. Staff spoken with told us there were regular meetings where they were able to discuss their personal development objectives and goals. Staff said they found meetings useful because it helped them to discuss people's needs, but also any learning opportunities or training needs for them. One staff member said, "The last meeting we discussed end of life care which was really useful."

The registered manager told us they were persistent in seeking out the best options for people, where there was an impact on their care, even if was not always supported by advice being given from other professionals. An example of this was seen where staff persistently requested a person's medicines were reviewed because it affected their mobility. The registered manager said, "We know people and we know what works best for them." They told us they accepted advice and guidance, but were prepared to challenge this if it was in people's best interests.

The provider sought the views of people about the quality of service provided. People who used the service had regular meetings with the staff and management to discuss any issues they had and regular one to one meetings about the care and support they received. One person told us, "I have a main carer and we chat about everything. If I was unhappy, I would speak to him." One staff member told us these meetings were useful to see how people were feeling and what they wanted now, and in the future. They said, "We have them every month and they allow us to discuss any issues."

We asked staff about the support and leadership within the home. Staff said they were confident to raise concerns they had and praised management for their openness. Staff told us they had regular work supervision meetings to discuss their performance and training needs, an annual appraisal and team meetings. Staff told us the service supported whistleblowing and staff felt confident to voice any concerns they had about the service. One staff member told us, "The management are very supportive, friendly." Another staff member said, "It's great to see managers showering people, they will do any job." None of the staff spoken with had raised any concerns to the managers.

There were effective systems in place to monitor the quality of the service. We looked at the quality assurance checks that had been completed over a period of time. Some of these audits identified areas for improvements, for example, care plan reviews and an analysis of when people had an accident. Action plans were followed to make sure any improvements were taken so people received their care and support in a way that continued to protect them from potential risk and improve the quality of service people received.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential. The registered manager understood their responsibility and had sent all of the statutory notifications that were required to be submitted to us for any incidents or changes that affected the service.